

Medical Information

Camper Name: _____ Date of Birth: _____

Current Medical Conditions: _____

Known Allergies: _____

Doctor's Name: _____ Office Location: _____

Phone# _____

Student is covered by _____ Medical Insurance (fill in name)

Plan/Policy# _____

Emergency Information

IN CASE OF EMERGENCY, LIST NAME(S) OF PERSON(S) TO BE CONTACTED

Call 1st

Name: _____ Relationship: _____ Phone# _____

Cell Phone# _____

Work# _____

Call 2nd

Name: _____ Relationship: _____ Phone# _____

Cell Phone# _____

Work# _____

Call 3rd

Name: _____ Relationship: _____ Phone# _____

Cell Phone# _____

Work# _____

*If you do not have a telephone, please provide the number for someone who would be willing to contact you in case of an emergency:

Name: _____ Phone# _____

Return to: NTBG Education Department, 3530 Papalina Rd., Kalaheo, HI 96741



NTBG Summer Camp Program

Media Release Form

I hereby give my permission to NTBG Summer Camp to photograph or videotape myself or my child(ren). I understand that these photographs and/or videotaping of me or my child(ren) will only be used for noncommercial and/or promotional purposes.

I understand that there will be no financial or other compensation for photography / recording me or my child(ren), either for initial or later transmission. I also understand that NTBG Summer Camp is not responsible for any expense or liability incurred as a result of photographing or videotaping.

Full Legal Name of Child (Please Print)

Name of Parent or Guardian (Please Print)

Signature of Parent or Guardian

Date

Return to: NTBG Education Department
3530 Papalina Rd.
Kalaheo, HI 96741